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## ORIGINAL DEPARTMENT.

### Communications.

#### CASE OF RUPTURE OF THE UTERUS.

By JOHN L. WHITE, M. D.,

Of Jerseyville, Illinois.

*Read before the Jersey Co. (Ill.) Medical Society.*

Mrs. D—, a woman of 44 years of age; mother of eight children. She is rather above medium size, and generally of robust health and appearance, though some year and a half ago she had a very severe attack of erysipelas, and for weeks her physician and friends despaired of her life, and were in fact in daily expectation of her death. Since that time, however, she has appeared perfectly well, though she herself says she has been conscious that she was not so. I was called to see her on Thursday morning, June 7th; found her in bed, at full term of pregnancy, having some pains, which she reported as having existed all through the night; had had some "show" for five or six hours, and there had been some discharge of the "waters;" said the pains did not seem to do her any good. Upon examination I found the os uteri open, so as readily to admit one finger, and felt with some difficulty what I made out to be the occipital protuberance; pains were not bearing down at all. I gave it as my opinion that she would not be through before evening, and asked leave to go home, which she refused, saying that when pains came on right she was always over it in a few moments, and as they lived some seven miles from town, she would be unable to get any one in time; and furthermore, that she felt as though there was something wrong. I consented to remain, and by conversing with her I ascertained that nearly all through her pregnancy she had felt herself unable to perform any manual labor, and had complained constantly of soreness, and, as she expressed it, of a feeling as though she "should burst" in the right hypogastric region. She said that on one occasion she went to the wood-pile, a

few steps from the house, and picked up three sticks of stove-wood, but was obliged to throw them down before reaching the house. I pressed my hand on the region complained of, and though she shrank somewhat, I did not think there was any very unusual tenderness, and quieted her fears as best I could, assuring her all would be right. This was perhaps six o'clock, A. M.

I now went out, directing that I be called when needed, and amused myself about the place till about ten o'clock, when they called me in. Found her having what we call a good pain; made an examination, and, somewhat to my surprise, found the back of the child presenting—os pretty well dilated; would have readily admitted three fingers. While deliberating with myself whether to immediately attempt turning or not, there came on a pain, and the back slipped along over the end of my finger, and in less time than I have been telling it, my finger was in the anus of the child, where I allowed it to remain till another pain came on—say two or three moments—which brought the buttocks down into the inferior strait, and in fact separating the labia majora. I now found there were presenting themselves to the world the buttocks and one foot; took hold of the foot and made gentle traction, when directly another pain came on, and the pelvis and one leg were born. I then hooked my finger over the groin of the other leg and pulled it down, the patient making no complaint. Up to this time I had been using my right hand only; I now took hold of the legs of the child with my left hand—the woman lying on her back—lifted them, made gentle traction, and separated labia with two fingers of right hand, to be prepared to admit air as soon as possible for the child to breathe, in the event of its being alive, which, however, I did not think probable from the indications, and from the fact that no motion had been felt for twenty-four hours. Some four minutes now elapsed before another pain came on, and during the interim I directed an attendant to give a drachm and a half of wine of ergot, which is my usual custom just before the completion of labor, as a safeguard against subsequent hemorrhage. Immediately on the coming on of a pain, child and placenta were both expelled with considerable

violence; child dead, and placenta considerably diseased. It was not more than two-thirds the usual size, quite friable; in places nearly or quite disorganized.

While examining it I cast my eye to the face of my patient, and noticed that strange expression all have probably witnessed, but which it is hard for pen to portray, indicative of some very serious trouble. I supposed she was flowing, and immediately passed my hand into the vagina, and as I passed it on up I soon found, instead of being in the uterus, I had the fundus of that organ in my hand; or, in other words, my hand was in the abdominal cavity. My readers can perhaps imagine my feelings. I only hope no one may ever experience them. It seemed at first as though the vagina was torn entirely away from the uterine neck in two-thirds its circumference, but a more careful examination revealed this state of things: the neck of the uterus was ruptured on the right side, to the extent of two or three inches, and the vagina was torn down in about one half its length. There was also considerable flowing; but on introducing my hand into the ruptured uterus, it contracted with such force as to be quite painful to my hand, which I withdrew, and began to examine into the general condition of my patient. The extremities were cool, and the pulse was hardly perceptible at the wrist. Gave camphor, which was the only stimulant at hand; applied the abdominal bandage as firmly as possible; enjoined absolute quiet in the position in which she then was, viz., on her back, a little inclining to the left side, and went out to communicate to her husband the state of affairs. I told him as nearly as I could the true condition of his wife, and expressed the opinion that she must die, and requested that he send immediately for Dr. BRINGHURST, which he did, and the Doctor arrived about 3 o'clock, P. M., to aid and encourage me. In the meantime I had been using frequently and freely stimulants, and on his arrival the pulse was easily felt, the patient presenting the general appearance of one who had sustained a severe shock to the system, in which reaction had not yet fully taken place. The Dr. made an examination, and the first thing his hand came in contact with was a fold of intestine, which he pushed up out of the way, and verified my diagnosis of the injury. We then upon consultation concluded to put the woman on her left side, inclining over on to her face; enjoin perfect rest in that position, as it would tend to prevent the passage of any more fluids into the abdomen; crowd stimulants till reaction fully came on, and trust to nature for a cure; not,

however, feeling much confidence in even her power to produce the so earnestly desired result.

Mrs. D. was now informed of the exact condition of her case, in order to secure her intelligent co-operation in maintaining absolutely the position in which we had placed her. Opiates were directed to be given whenever necessary, to secure perfect quiet and freedom from pain, and the case was left for that day, with the additional instructions to preserve as perfect cleanliness as possible, and to keep clothes in close contact with the person, so as to prevent the admission of atmospheric air.

June 8th. Found her feeling tolerably comfortable; complaining only of weakness, some soreness and tenderness of abdomen; no tympanitis; pulse 120, quite feeble; some lochial discharge. Had maintained strictly the position in which we had placed her; had passed urine on cloths without difficulty; had taken freely of brandy and beef tea, and about one grain of morphia, and was in much better condition than I expected to find her. Treatment continued, with addition of one drachm of saturated solution of chlorate of potassa every four hours.

June 9th. No particular change in condition or treatment.

June 10th. By previous appointment, Dr. BRINGHURST again saw the patient with me. Bowels much distended and tympanitic; very considerable tenderness on pressure; tongue with a heavy coat; pulse 124, still feeble; no dejection since confinement; about the normal amount of lochia. Gave enemata of soap suds, with a few drops of turpentine. Gave by mouth turpentine emulsion, and 20 grains of bisulphate of soda every two hours, till five doses were taken. Brandy and beef tea as required. On this visit vaginal examination revealed this condition: Wound of uterus seemed to be closed; edges of vaginal wound turned in toward vagina, and raised, I should say, about one-eighth of an inch, so that serous surfaces were brought directly in contact, and the raised edges prevented vaginal contents from flowing into the abdominal cavity. Rent in vagina would have admitted the passage of three fingers. Mrs. D. complained of being so strictly confined to one position, and we allowed her to turn nearly on her back.

June 11th. Feels much more comfortable. Had two or three good dejections; less tympanitis and tenderness; pulse still 124, and feeble; tongue better; general appearance much better.

She seemed cheerful, and was inclined to laugh and joke. From this time on to June 15th, there was a gradual and regular improvement of all the symptoms. Pulse lessened in frequency to 94; abdomen become soft, and free, or nearly so, from tenderness; lochial discharge quite offensive. On this date there commenced a discharge of healthy-looking pus, amounting to about three ounces in twenty-four hours, which continued for three or four days, gradually lessening in quantity. Made an examination on Sunday, June 17th. Wound very much contracted, and seemingly, union has taken place in its whole extent. Did not deem it prudent to make much pressure. The shape of the wound in the vagina has changed, so that it now seems to be as much across as in a line with the vagina. Allowed her to move about the bed as much as she wished. Without detaining your readers with a daily account of the case, I will say she steadily improved, took a generous diet, kept the bed until June 30th,—twenty-three days from receipt of the injury,—when she sat up for an hour, and informed me that “she was well, only a little weak.” She is now (July 12th) about, and is, I believe, well, though I have made no vaginal examination since about June 30th. There is but little, if any, discharge.

This case is a new one to me, and to all with whom I have had any opportunity to converse; nor am I able to find on record a very similar case; my library, however, is not large, and it may not be so uncommon as I have been led to imagine. What was the condition of the uterus, of course, can only be conjectured. The placenta was very considerably diseased, and I am forced to believe there was softening of the uterine parietes. The child, however, was of full average size; was plump, and had evidently been well nourished up to the time of its death, which, from appearance, could not have taken place more than twenty-four hours prior to the coming on of labor. The pains were at no time unusually severe, and there was no manual interference with the labor other than I have given above, hence I conceive the rupture and laceration would have been utterly impossible had the parts been healthy; still a very considerable degree of vitality must have existed, otherwise so rapid and complete a recovery could not have taken place. I confess to be unable to comprehend it myself, and am hoping to receive light from some one more gifted than myself. I am confident there was quite a large amount of blood passed into the peritoneal cavity. In what manner this has been, or is to be disposed of, is again beyond my knowledge. The case has taught me one lesson, viz., to place more confi-

dence in the natural recuperative energy of the human system, and I am almost ready to say I will never despair, however grave an organic lesion I may hereafter be called upon to witness. It seemed to me that death was inevitable, and that no matter how free from fault I might be, I should be looked upon as the humble instrument that had produced the fatal result. The shaft, however, was turned aside by some kind interposition, for which I am truly thankful; and I am induced to report the case, thinking it may relieve some one from a part of the embarrassment under which I labored, should any of your readers be so unfortunate as to meet a similar case.

### VESICO-VAGINAL FISTULA:

#### Its History and Treatment.

By D. HAYES AGNEW, M. D.,

Demonstrator of Anatomy and Assistant Lecturer on Clinical Surgery in the University of Pennsylvania; one of the Surgeons of the Pennsylvania Hospital; and one of the Surgeons of the Wills Hospital for Diseases of the Eye.

(Continued from page 117.)

#### Dr. Sims' Operations.

*Position of the Patient.* A table is selected, 2½ by 4 feet, covered with folded comfortables; on this the patient is placed, resting on her elbows and knees, the latter separated six or eight inches, the pelvis being elevated, and the shoulders depressed. An assistant on either side placing a hand in the fold between the nates, the fingers extending quite to the greater labia, simultaneously draw them asunder. The viscera gravitating toward the thorax, and the air rushing into the vagina on the separation of the walls of the vulva, distend the canal so as to offer a very complete interior view. To increase its capacity for a more thorough exploration, the Sims speculum (Fig. 5) is next introduced, and drawn back to-

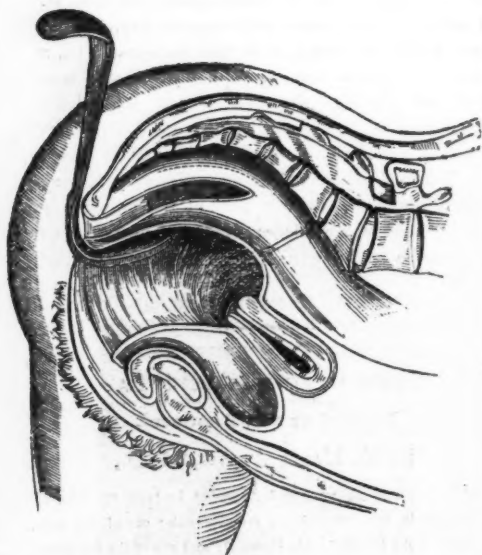
FIG. 5.



Vaginal speculum similar to SIMS'—ROSEMAN'S pattern.

ward the sacrum by one of the assistants. (Fig. 6.)

FIG. 6.



Exhibits the speculum in situ, with the relative position of the organs.

If the illumination is not sufficient, a mirror (Fig. 7) may be used to reflect the light into the canal.

FIG. 7.

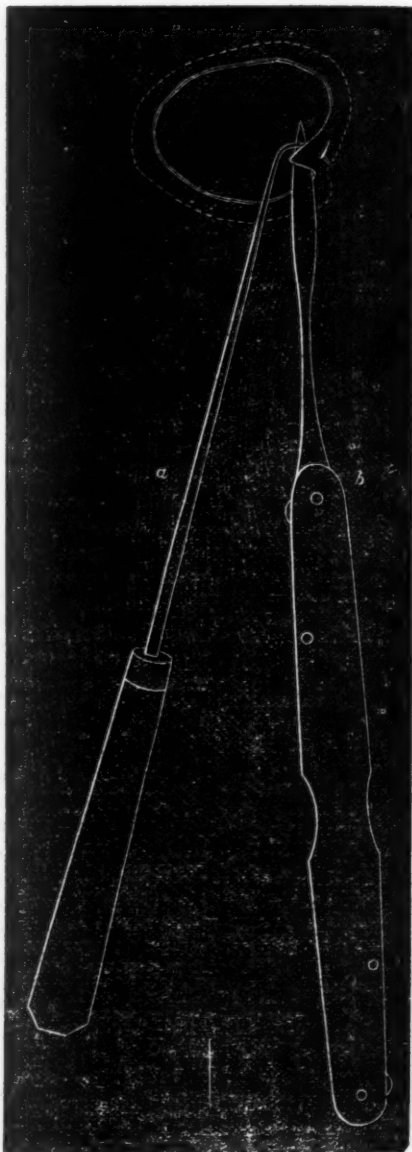


Mirror to throw the sunlight into the vagina.

*Paring the Fistula.* For this purpose, a small sharp hook, or tenaculum, is passed into the circumference of the fistula, and while thus brought into proper position, and made sufficiently tense

a long, sharp-pointed bistoury is applied (Fig 8) vesical mucous membrane concealed the margin of the fistula, interfering with its proper management, a soft sponge should be passed through the opening into the bladder, and allowed to remain until the stitches are ready for adjusting. To remove the blood from the parts during the freshening of the parts. The lining membrane of the bladder he does not disturb, unless it pro-

FIG. 8.



Tenaculum fastened into the fistula, and the bistoury applied to its circumference.



trades through the opening in excess. When the fistula was very small he hooked the tenaculum through both sides, and raising it up, cut out a circular portion with the bistoury. During the operation, little mops (Fig. 9) should be on hand. These are readily made by securing small bits of sponge to whalebone or rods of wood.

*Application of the Clamp Suture.* This may be divided into three stages: the introduction of the silver wires; the attachment of the clamps; and the approximation of the wound, with the securing of the apparatus.

*First. Introduction of the Sutures.* In the execution of this he passed a silk thread through the eye of a long, awl-shaped needle (Fig. 10), and

across the wound, and bringing it out half an inch above the raw margin of the opposite side; taking care not to include the mucous membrane of the bladder. As the needle passes through the distal side, the tissues will require support, that they press not away from the instrument; and thus counter-pressure is supplied by a blunt hook behind the needle (Fig. 11.)

FIG. 9.

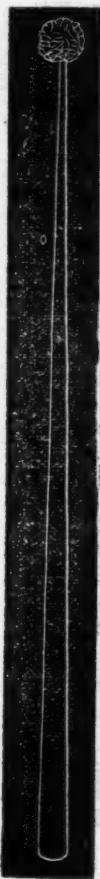


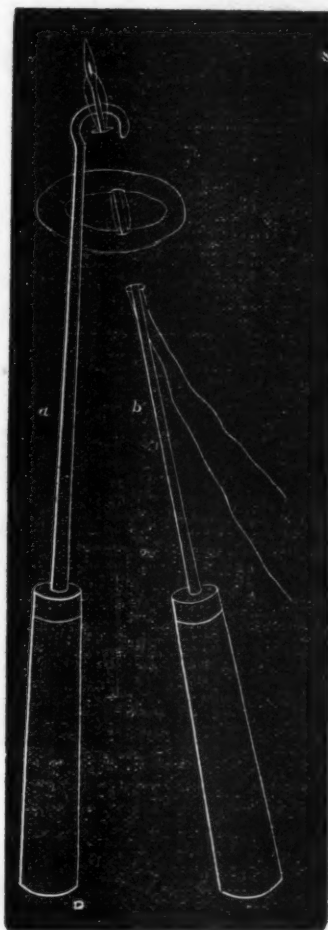
FIG. 10.



A sponge mop.

Needle for passing sutures.

FIG. 11.

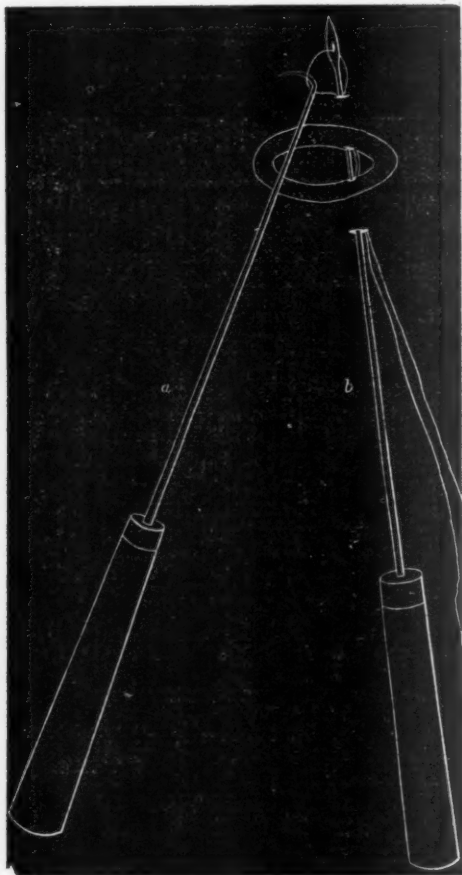


The blunt hook between the needle and tissue to favor its passage.

entering it half an inch from the freshened edge of the opening, carried it downward, and forward,

As soon as the needle emerges, and the thread comes fairly into view, a long tenaculum is hooked into the loop, and one end drawn through (Fig. 12),

FIG. 12.

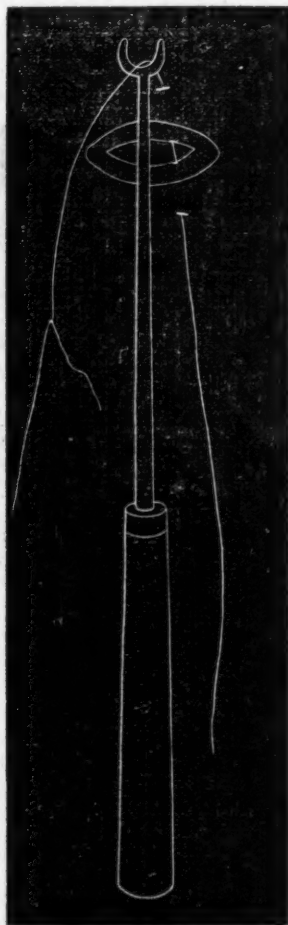


Exhibits the tenaculum drawing the thread through.

after which the needle is withdrawn, leaving the suture in its track. In this manner the requisite number of threads are deposited across the wound. The next step consists in substituting the silver threads for the silk, which is readily accomplished by binding the end of the former into a crook or link, and making fast to it the distal end of the latter. By drawing on the proximal end of the

thread the wire is towed into its place; the threads being only designed to favor the insertion of the wires. In this process a difficulty very naturally occurs, that of the thread, or the wire as it may be, cutting into, or even tearing out of the tissue, on the distal side of the wound, as they are pulled upon. To counteract this he employs a crescent-shaped fork to push the suture above the orifice while traction is being made (Fig. 13.) The silver sutures being all passed,

FIG. 13.

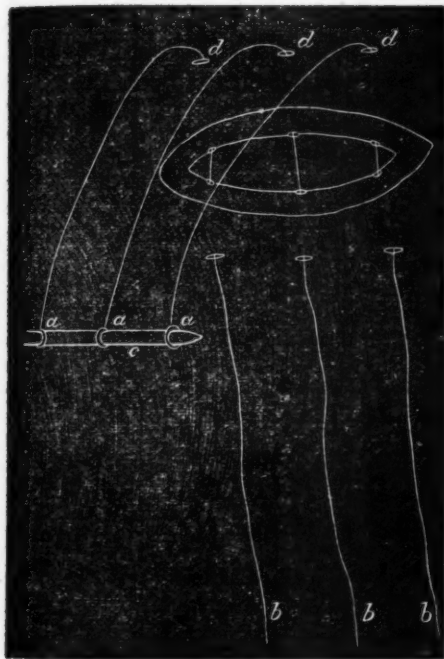


A silver thread secured to the silk one, with the fork *in situ* to favor the passage through the upper puncture.

the second stage of the process consists in the

*Attachment of the Clamps.* Two little bars of silver or lead, a trifle longer than the fistula, are perforated with a number of holes, corresponding to the number of sutures. Through these the upper end of each wire is passed, and fastened by winding it about the bar, or passing it through a shot. (Fig. 14.) This completed, the lower

FIG. 14.



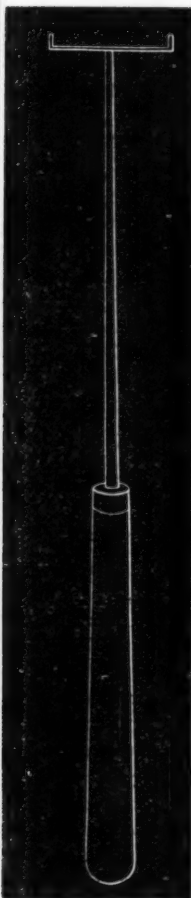
Upper clamp attached.

ends of the wires are drawn upon, when the clamp will be carried into the vagina, and take its place above and parallel with the upper border of the wound. During this adjustment, a fork of another kind (Fig. 15) is used as a pulley, to prevent the wires cutting into the flesh. In the same manner, the other ends of the wires are passed through the second clamp. (Fig. 16.)

*The Adjustment.* The proximal ends of the wires being drawn upon, and the clamp pushed up with the fork at the same time, the raw surfaces are brought in contact with each other, in doing which, care and judgment are requisite that they be pressed together sufficiently tight to prevent gaping, and yet not so forcible as to endanger strangulation or ulceration. To maintain

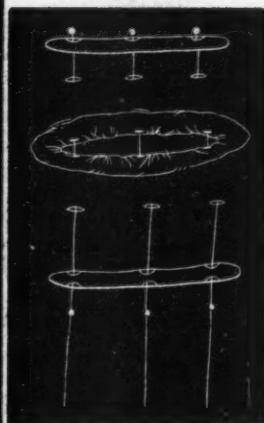
the apparatus in position, a perforated shot is passed down each wire, and being pressed against

FIG. 15.



The adjusting fork.

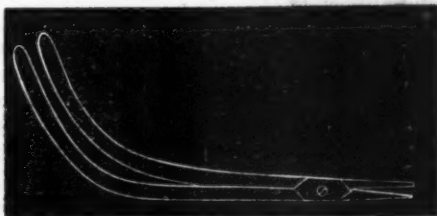
FIG. 16.



Both clamps on the wires, and perforated shot behind the proximal one.

the clamp, is then fastened by compression with a strong pair of forceps. (Fig. 17.) The wires are next cut off short, and bent over the shot.

FIG. 17.

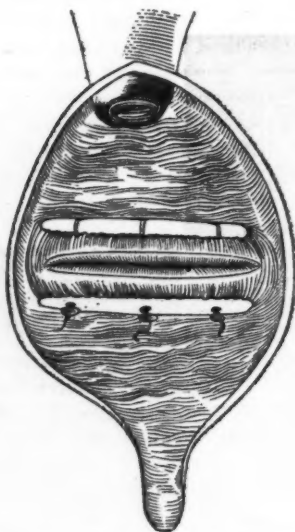


Shot compressor.

The appearance of the wound, when adjusted,

with the suture apparatus in position, is represented in Fig. 18.

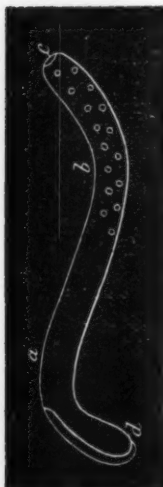
FIG. 18.



Exhibits the wound adjusted with the suture apparatus.

**The After-Treatment.** The operation being completed, the patient is placed in bed, on the back, a self-retaining catheter placed in the bladder, (Fig. 19,) and a full dose of opium administered;

FIG. 19.



Self-retaining catheter  
of Sims.

to be repeated as often as may be necessary to keep the bowels quiet. The diet is to consist of crackers, and coffee or tea. During the progress of the case, the vulva and other portions of the external genitalia are to be bathed with cold water, a bed-pan being placed under the nates, to collect the fluid as it runs from her person. The urine is to be received on old cloths, as it drops from the catheter. On the ninth or tenth day, the clamps and sutures are to be removed, and if well, the patient required to wear the catheter for several days longer. About the twelfth or fifteenth day, the bowels should be opened by some mild cathartic.

Such are the general features of Dr. Sims' operation, and from this dates the successful surgical management of vesico-vaginal fistula.

[To be continued.]

#### BIOGRAPHICAL SKETCHES OF Distinguished Living New York Physicians.

By SAMUEL W. FRANCIS, A. M., M. D.,  
(Fellow of the New York Academy of Medicine)

#### IV.

B. Fordyce Barker, M. D., etc.,

"That life is long which answers life's great end."—Young.

Dr. BARKER was born in Wilton, Maine, May 2d, 1819, and was the son of JOHN BARKER, M. D., for many years one of the most distinguished practising physicians in that State, who died in New York, February, 1858. Having paid attention to the classical requirements of a liberal education, he fitted himself and entered Bowdoin College, Maine, the beloved Alma Mater of NATHANIEL HAWTHORNE, and Ex-President PIERCE, whence he was graduated Bachelor of Arts, in 1837. Experiencing no particular taste for mercantile pursuits, he became more and more enamored of his father's noble profession, and soon arrived at a definite determination to follow in the footsteps of his illustrious sire. He accordingly entered the offices of Drs. BOWDITCH and PERRY, and studied medicine under them, graduating in 1841, from the Medical School of Maine, having also attended two full courses at the Massachusetts Medical College, at Boston. About this time, Dr. BARKER likewise pursued a course of study under the special guidance of Dr. STEPMAN, and visited with him, repeatedly, the Chelsea Hospital, Maine.

His mother having died of consumption, and, when twenty years of age, he having repeatedly been the subject of hæmoptysis, his attention was especially led to a consideration of this particular disease, and accordingly he selected it for his inaugural dissertation, and wrote his Thesis on "Phthisis Pulmonalis," which exhibited much discrimination, and gave promise of an earnest disciple of HIPPOCRATES.

Immediately after taking his degree, Dr. BARKER took passage for Europe, and conscientiously visited the hospitals of London and Edinburgh; passing two years at Paris, where he became a daily visitor of the wards of the different institutions dedicated to the cure of the sick. So fascinated did he become with some of the principles of the French schools that, with the interval of but few years, Dr. BARKER has visited Europe nearly every summer. By this means, he has been enabled to compare American with foreign practice, investigate new theories, take warning by the errors of too scientific a body of men, who not infrequently publish their diagnosis, and impatiently await the death of their patients, that they



may exhibit to the public view a verification of their capabilities of endoscopy. Not a few of the most important remedies lately introduced into this country are due to the exertions of Dr. BARKER, who, perceiving at once their beneficial agencies, unfolded their simplicity of action and the vast amount of benefit to be derived from new and improved methods of treatment. Not a little of his great popularity is due to the fact that there is not a physician in the city, with his extensive practice, who more continuously and undeviatingly keeps up with the times. When he writes anything for the public, or delivers an address before any medical association, his matter is interesting, his deductions to the point, and his statements lucid. A firm believer in the moral obligations of the Hippocratic oath, he is tenacious of professional secrets, and is as strict in withholding from idle curiosity the mysteries of the doctor's confessional as he is unsparing toward those who betray their trust and degenerate into the mere followers of a *hypocritic* oath. Uprightly etiquetical in all his bearings, he tolerates no undue familiarity, though ever ready to respond to the calls of necessity, and alleviate the embarrassments of brother physicians.

Though not, strictly speaking, a "specialist," Dr. BARKER is naturally engaged in obstetric and uterine practice, having delivered, in the course of his eventful life, nearly four thousand women. During this vast experience, it has been his lot to encounter serious cases of a complicated nature.

But one characteristic, most essentially his own, is worthy of mention, and would be of great benefit, were it more generally the property of others. Dr. BARKER rarely, I had almost said *never*, gives up a patient. He carries out in his private practice, with energy and determination, the text that, "while there is life, there is hope." In not a few instances, when called in at the eleventh hour, after attending and consulting physicians had "given up the patient," by heroic stimulation, a sudden and effective change of treatment, the careful watching of each symptom, and a rapid following up of powerful remedies, he has brought back, with the aid of a merciful Providence, the moribund to health, and rendered the comatose female a happy mother.

When one reflects on the uncertainty of a true diagnosis, which sometimes kills the patient by false treatment, would it not be rational for every conscientious practitioner to abandon, once and forever, that dangerous sluggishness of the mind that causes the attending physician to give up his

patients twenty-four, yes, eighty hours before they die; and sometimes, much to their disgrace, forty-eight hours previous to their recovery? A very interesting article could be written on the return to health of those who had been given up, with a caustic peroration on the death of many from a disregard of their instinctive wishes after the ukase has gone forth that there is "no hope." We hear of persons who have come back to life and health, stating that they could neither speak nor move, but with agony of mind, they have witnessed the preparations for their funeral. My own father saw his coffin brought in, when he was very low with yellow fever!

As a case in point, the following will explain itself. Some few years since, I made the acquaintance of one of our most prominent public benefactors, who had come to seek medical aid for his wife, who, though quite ill, in accordance with her expressed wishes, was placed in the charge of a homœopathic — (?) During her husband's absence, she grew rapidly worse. He was telegraphed for, and arrived in a special train, only to find her going out of the world in an unconscious state. The "what is it?" who was treating her, had given her up; and, as the case was abandoned, the gentleman called on me, and asked, as a special favor, that I would visit his wife professionally. I told him that I was not practising at the time, having but recently recovered from two severe attacks of diphtheria, etc., but would call and see if there was enough vitality in her to justify the pursuit of active measures, having first ascertained that he would dismiss charlatanism, and confine himself to a regular practitioner. He consented, and I went. The lady was certainly dangerously ill, being entirely unconscious, and presenting symptoms of an alarming character; but there was that about her pulse, features, etc., that gave promise of a response. I informed the gentleman of the fact, and told him I would call on Dr. BARKER, and had no doubt he would come, as there was *now* no attending physician. The victim of *amentia* who had treated her during her past illness, had stated that much of her trouble proceeded from an enlarged and diseased ovary, which, he told her husband, he could distinctly feel.

On Dr. BARKER's going with me, he examined the patient carefully, and found that her trouble originated from *uræmia*, brought about by an aggravated and prolonged retention of urine, and on examination, we found, to our entire satisfaction, that this "enlarged ovary" was nothing but a distended bladder, that had swollen nearly to bursting, and in consequence, the lady's blood

had become diseased by the absorption of the poison. Introducing a flexible catheter, Dr. BARKER drew off an immense amount of thickened fluid, and at once perceived the immediate relief of the patient. He then treated her for uræmia, and in some thirty hours, she revived so as to recognize and converse with her beloved husband. Her condition rapidly improved, the water being regularly drawn off. Had she been seen sooner, I have not a doubt but that she would have been saved. But this fearful condition had gone on too long, and though these symptoms disappeared, peritonitis set in, and she died, the victim of ignorance, and the melancholy effect of a popular delusion.

This is not an uncommon occurrence, and when it is known that the majority of homœopathic jugglers, when they do bring about cures, either fall back on the *vis medicatrix nature*, or write "*allopathic*" prescriptions, is it surprising that the members of our profession despise them, or that the ignorant are imposed upon.\*

Is it possible that the doctors of the Board of Health in New York, even if out-voted, do not publish a formal statement that they in nowise endorse the present acceptance of the members of the "Do-nothing Club?" and whose chief success is due to the fact that the majority of mild affections would get well without any treatment.

Dr. BARKER's height is 5 feet 11½ inches, and weight some 155 lbs., and, with the exception of his voice, which is to a certain extent aphonic, the result of laryngeal trouble, his general health is good.

On asking him his opinion of the use of tobacco, he replied: "I smoke, and am not aware of any injurious effect from it."

His religious faith is that of the Protestant Episcopal Church.

Dr. BARKER first practiced in Norwich, Connecticut, for seven years, and in 1845 was elected Professor of Midwifery in the Medical School of Maine, but resigned after giving one course of lectures, on account of its obliging him to give up an excellent practice. In 1850 he was appointed Professor of Obstetrics in the New York Medical College, and removed to this city.

\* My father came home one day, quite excited with righteous indignation. "Sir," said he, "while I was waiting for some medicine which was being put up, the apothecary showed me a prescription, his hand concealing the doctor's name, and asked me what I thought of it. I told him it was a most powerful dose of a drastic cathartic. With this, he removed his hand, and to my astonishment, I beheld the name of one of the leading homœopathic physicians in New York," and then he launched out invectives which it is not necessary here to report.

In 1855 he was elected physician to Bellevue Hospital; and in 1860 appointed Professor of Obstetrics, and the Diseases of Women and Children, in the Bellevue Hospital Medical College.

Dr. BARKER married Miss ELIZA LEE DWIGHT, of Springfield, Mass., in 1843, and has been blest with one son, a young man of fine abilities.

In 1857 he was elected one of the Vice-Presidents of the New York Academy of Medicine, and in 1859 President of the New York State Medical Society. At the meeting of the American Medical Association in New York, in 1864, he was elected Chairman of the Section of Practical Medicine and Obstetrics.

As a lecturer Dr. BARKER is interesting, and only prevented from being eloquent by the peculiar whisper which interferes with an easy flow of words. His matter is based on judgment and experience. Memory also aids him in the selection of past cases; and a general facility in explanation enables him to unfold what might be complex, and renders important that which otherwise would be passed over as unnecessary by the casual observer.

#### CHLOROFORM IN SPORADIC CHOLERA.

By E. McCLELLAN, M. D.,

Assistant Surgeon, U. S. Army.

Case 1. G. B., on the morning of July 16th, 1866, was seized with a severe abdominal pain, spasmodic in its character, and attended with considerable nausea. Being confident that he had committed no imprudence in either diet or personal exposure, the patient was inclined to treat it as a temporary indisposition, and relied upon the stimulation of a glass of brandy for relief.

The gravity of the symptoms, however, increased in character until those of sporadic cholera were fully developed. The muscular spasm, however, being confined to the abdomen and chest. The case was not brought to my notice until nearly an hour had elapsed since its inception. The patient was much prostrated, complaining of the severity of the cramps. The vomiting and purging had sensibly diminished.

Chloroform, minimis ℥x., were administered in iced water. Its exhibition was followed by an immediate cessation of pain and spasm, producing, however, no narcotic effect.

At the expiration of half an hour, during which the patient had experienced no pain, and in which the vomiting and purging had entirely ceased, as he was walking his room, engaged in conversation, the cramps again occurred, but without the violence which characterized it ear-

lier in the attack. Chloroform, minims xxx., was administered as before; the patient was placed in his bed, and perfect quiet enjoined. The hypnotic effect of the remedy was now produced, and after a sleep of several hours, there was no recurrence of the attack, and but slight subsequent treatment was required.

Case 2. Mrs. M., a native of Texas, who is spending the summer months in the North, was attacked, July 17th, 1866, with cholera morbus after dinner, at which she had eaten heartily of early vegetables, and had drank a small quantity of chilled ale.

At 8 o'clock, P. M., I was called to see the case. Found that she had freely emptied the contents of her stomach, and that the diarrhoea was becoming tenesmic in its character; complaining of severe cramps in the abdomen and of the lower extremities; that she was in her third menstrual day, and that since the occurrence of the attack, this discharge had been partially arrested.

Chloroform, minims xl., was administered in a small quantity of molasses, it being the vehicle most ready at hand.

The muscular cramps and tenesmus were entirely relieved, and sleep produced, which continued, with but short intervals, until 10 o'clock, P. M., when the abdominal pain again returned, now chiefly referred to the region of the uterus.

The relief afforded by the previous dose had been so great, that the patient urgently pressed for its repetition. From this time she slept, with but short intervals, during which she experienced no pain, until morning.

July 18th, 8 o'clock, A. M. No return of pain. Since daylight, has had three free alvine dejections. Menses fully reestablished. With the exception of debility, is perfectly well.

8 o'clock, P. M. Has had no recurrence of the attack during the day.

Case 3. On July 24th, 1866, was called at 11 o'clock, P. M., to see Ellen D., an Irish woman employed as laundress. Upon going to her house, I found her lying upon the floor in a state of great exhaustion, the result of an aggravated attack of cholera morbus, induced by the too free use of green fruit and buttermilk during the day. I was informed that she had been vomiting and purging for several hours, with considerable violence, but that for a short time prior to my arrival, she had been quiet.

Upon being raised and placed in her bed, the cramps returned with vigor, attended with ineffectual attempts at vomiting and considerable tenesmus. The radial pulse was but scarcely

perceptible, the extremities and surface of the body were cold, and but slight warmth could be detected in either the groin or axilla; her voice was changed, her respiration hurried and frequent, and she complained of intense thirst.

At 11 o'clock, 10 minutes, chloroform, minims lx., were administered in cold water. This her stomach did not eject, but she complained much of the increased heat in that organ—this, however, was promptly relieved by pounded ice, which was now administered *ad libitum*.

Sinapisms were applied to the abdomen and extremities; friction with warm cloths was vigorously used, and dry heat applied to the spine. The exhibition of chloroform was followed by an *immediate cessation of pain*. The internal warmth which at first was referred uncomfortably to the stomach, was rapidly diffused, and in a few minutes, the pulse had increased in volume, though still irregular and feeble. The external heat was returning.

At 11 o'clock, 45 minutes, P. M., the patient was quiet, experiencing no pain, but still much prostrated. The sinapism, with friction, still continued, and chloroform, with tinct. camphoræ, aa minims xx., were directed to be given every twenty minutes.

At 12 o'clock, 30 minutes, A. M., the patient still comfortable. Respiration more natural. Excessive thirst subsided.

At 1 o'clock, A. M., extremities have recovered their warmth. The expression of anxiety and watchfulness has left the countenance.

2 o'clock, A. M. Reaction fully established, but the patient sleeping quietly, discontinued the chloroform and camphor.

July 25th. No recurrence of the attack; the convalescence was rapid and satisfactory.

Remark I. It is suggested that chloroform, exhibited in full physiological doses, acts with great rapidity upon the nerve ganglia, when in a state of congestion.

That, by its presence, the partial paralysis which exists, as the result of the hyperæmic condition is relieved; that the nerve power recovers its tone, and that in its dependant structures by the capillary vessels recovering their contractility, the local hyperæmia is relieved.

That in sporadic, as in epidemic cholera, the nervous system is affected by the morbid cause of the disease; differing inasmuch as that which produces the epidemic has for its origin a specific organic poison. And that while the cause of sporadic cholera can be readily removed, or will disappear of itself, that of the epidemic variety is reproduced and diffused.

That to produce this effect by means of chloroform, it is necessary to exhibit it in hypnotic doses, the strength of which is to be determined, as in the use of all other remedies, by the severity of the attack, the age, constitution, and sex of the patient. The character of the sleep produced, is, in the experience of the writer, not that of an anæsthetic or opiate, but natural, and one from which the patient can be readily aroused. It has been lately suggested, that chloroform, administered in large doses, will remain for a length of time inert in the system, and finally exert a deleterious influence. During the past year it has been employed in a great number of cases by the writer, the majority of them remaining under his constant observation, and in no instance has such phenomena been observed.

II. The mode of administration of chloroform is of much importance in its internal use; it is suggested that it be employed without combination with other substances, which, to a greater or less degree, impair its action; but, on account of the fear of producing either irritation of the mucus surfaces, or strangulation, many object either to receive or to prescribe it.

Observation will convince the most sceptical, that a dose of chloroform which is rapidly swallowed, with a small quantity of iced water, will produce neither of these dreaded results; but as this procedure is impracticable with many, the vehicles most advantageous will be found to be either the syrup of orgeat, as recommended by Dr. HARTSHORNE; molasses, as suggested by Dr. HAYES; or by the capsules, or pearls of chloroform, as prepared by Mr. HUBBELL, the celebrated pharmacien of Philadelphia. These capsules each contain minims x. of chloroform, and will be found a very convenient and elegant form of administration. They have been used by the writer with much success in asthma and dysmenorrhœa.

*Post Hospital, Fort Delaware, }  
Del., August 10th, 1866. }*

— *Gastrotomy successfully performed in a case of Ruptured Uterus.*—Dr. E. MILES WILLETT reports, in the *Medical and Surgical Monthly*, of Memphis, a case of gastrotomy successfully performed after rupture of the uterus. The operation was delayed until two hours and a half after the accident took place, owing to the opposition of the friends of the patient. At the end of a fortnight the wound in the parietes had entirely united, and the patient was doing well. She soon recovered her health under tonic treatment.

## Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }  
April 14th, 1866. }

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheya.

Ectropion of both Eyelids.

John Y., æt. 21. The marked ectropion of both eyelids in this patient was caused by the contraction of the cicatrices of a burn, consequent upon an explosion of gunpowder, five years ago.

There are two kinds of cicatrices liable to contraction: these are the result of burns and scalds, and those produced by pytalism.

In order to relieve this man it will be necessary to make an extensive dissection of the eyelids, and then perhaps retrench them. The difficulty after the operation will be to prevent readhesion of the lids to the parts with which they are now connected. There is no healthy integument by which the gap can be filled up. The mucous membrane is very much hypertrophied, and some of it will be pared off. The eyelashes are turned up, so that they are nearly perpendicular. The lids are granulated, in consequence of long continued irritation.

The lids were separated from their abnormal adhesions, and the gap filled up with patent lint wet with oil, confined by a compress and bandage. In the course of a week or ten days, after the immediate effects of the operation shall have subsided, a better shape can be given to the lids, which cannot be done now, as it is impossible to anticipate the amount of contraction which will take place. He was directed to live upon simple food, without meat, to take a dose of salts or magnesia to-morrow morning, and to remain in the house.

Chilblain.

Chas P., a farmer, aged forty-six. He has suffered from severe pain in his toes since 1823. Both of the large toes have been amputated. The last amputation was made about four months ago, in consequence of an ulcer extending into the joint, commencing three years before. He complains of a burning sensation, as though there were fire in the parts. There is now an ulcer on the stump of the big toe of the left foot.

This affection is undoubtedly the effect of frost-bite. People suffer frequently from chilblains for many years, sometimes during the whole of their lives.

The treatment advised was the use of a strong solution of acetate of lead and opium, wrapping the foot up as high as the ankle joint, keeping the toes elevated, and touching the ulcerated spot, every few days, gently with nitrate of silver. He should also take equal parts of blue mass and compound extract of colocynth or jalap, two and a half grains of each, with one grain of ipecacuanha every other night at first, and then every fourth night. His diet should be simple; he should eat but little meat, and should be placed on the use of the tincture of the chloride of iron. If cicatrization of the ulcer does not occur soon, the parts should be laid open pretty freely, so as



to liberate the tissues, disgorge the vessels, and stimulate the absorbents, and opiate cerate applied, or ointment of the nitrate of mercury, one part to seven or eight of simple cerate. Dilute tincture of iodine pencilled upon the parts once or twice in the twenty-four hours, keeping them well covered in the interval with acetate of lead and opium, would also be of service.

#### Partial Anchylosis of Knee-joint.

Harry T., aged four years. He has been laboring under partial anchylosis of the right knee-joint for about one and a half years. There is now nothing like active inflammation present. The worst feature is the adhesion of the patella to the anterior surface of the condyles of the thigh bone. The knee-joint will never be as useful as it once was, but a very great amount of its function may be restored.

The boy was placed under the influence of chloroform, and the adhesions formed by the organized plastic matter, broken up. An apparatus, constructed upon the same principle as that of SCARPA for the relief of club foot, was then applied. This apparatus should be worn for months.

## EDITORIAL DEPARTMENT.

### Periscope.

#### Impacted Fæces in the Pouch of the Rectum.

Dr. A. PAUL illustrates this subject by three cases published in the *Medical Press and Circular*. The first case was that of a lady whom he attended in 1848 for spasm of the anal sphincters. She was found on the floor, feet elevated, with intense bearing down, at intervals resembling labor. Injections and aspersions, first hot, then cold, relieved her. On spasm subsiding, hard lumps were voided, with loud explosions of wind. She had been troubled with flatulency for years. She was subject to another attack in 1851. Aperients and injections affording no relief, the patient hooked out by the finger, a lump, the size of a hen's egg, unusually hard, of a dirty, chalky color, which, when broken up, contained a plum-stone. She had not touched stone-fruit for two months before.

*Second case.* A young married lady—symptoms as in preceding case. Unlike it, there was in this case much to contend with in treatment, arising from preconceived fancies and caprices. For example, compound powder of jalap was one medicine in the list of predilections; a remedy quite unsuited both to constitution and to local disease. Examination of the bowel being denied, injections alone were complied with. After two months attendance, violent abdominal pain setting in, calomel and opium were reluctantly taken. Bearing down, and frequent desire to evacuate ensued, ending in expulsive efforts, quite independent of will. Never will the mother of this lady forget the evolutions of fæces, in various phases of consistency, which ensued during twenty-four hours, the lady all the while

in bed, and in the posture of a labor-pain woman, quite unconscious of what was coming from her, yet resulting in complete relief. In this case, division of the sphincters had been strongly urged by the surgeon previously in attendance, and strongly backed by the patient's husband.

*Third case.* In a lady who had previously suffered from inward piles, of which she had been cured. Symptoms of attack as usual. On passing the finger it encountered a round impacted mass, in the pouch of the rectum, hard, and as large nearly as a cricket ball. The finger encircled this mass, as the accoucheur does the head of the fetus in parturition. Were the sphincters to be divided, a stone forceps to be passed in, and this mass to be withdrawn, whole or crushed? No. Incontinence of fæces, hereafter, might prove an annoyance greater than such occasional impacted masses. Medicine would not touch this lump, injections would not stop up a sufficient time to soften the mass, as urgent bearing down in every position, from the erect to the inclined, was present, with tension and tenderness of abdomen.

Making the curve of the sacrum a fulcrum, the forefinger and nail a drill, the ball was broken up into four pieces, and one was hooked out; the remaining portions came away, aided by injections, which now—not as before—kept up a sufficient time to soften and lubricate the residue. The blasts of gas escaping after all this, astonished and made ashamed this old lady, now in her 75th year.

#### Differential Diagnosis of Idiopathic Albuminuria and Renal Degeneration.

M. CARLIEU, says the *Boston Medical and Surgical Journal*, has determined a differential characteristic of idiopathic albuminuria, and that caused by an alteration of the kidneys. It is the odor of the urine. In the nervous, idiopathic affection, asparagus communicates to it the peculiar odor which every one knows. When, on the other hand, there is any change in the structure of the kidneys, as in nephritis, no such odor is communicated. Turpentine and cubebæ serve equally well as a diagnostic mark in such cases, according to M. CARLIEU.

An important clinical fact, if borne out by future observations.

#### Aphasia with Hemiplegia of Right Side.

In its reports of the Mercer's Hospital, the *Medical Press and Circular* of June 27th, cites three cases, under charge of Dr. MOORE, which confirm the pathological researches of SANDERS and others. In all these cases, occurring in adult males, respectively 29, 55, and 40 years of age, the aphasia, or loss of speech, accompanied right hemiplegia (disease of the left half of the brain), while in a fourth case of left hemiplegia (disease of the right half), no aphasia was observed.

On the other hand, Dr. HARVEY E. BROWN, Assistant Surgeon U. S. A., in a recent number of the *Medical Record*, reports a case of aphasia from apoplectic cerebritis, where the paralysis was but very slight and confined to the left side.

## Medical and Surgical Reporter.

S. W. BUTLER, M.D., Editor and Proprietor.

PHILADELPHIA, AUGUST 18, 1886.

### MEDICAL EDUCATION.

It must be gratifying to every friend of progress in medical education, to see how of late years advances have been made in the matter of instruction in our medical schools. Yet in acknowledging that there have been advances, it cannot at the same time be denied, that much of the progress is but apparent, and that some of the vaunted innovations have bestowed no real benefit upon the educational cause. The subject has been again brought to our attention by the receipt of the annual announcements of the regular winter sessions of the schools, and a few remarks upon a subject which is at all times of importance, will not be out of place at this time.

The tendency to progress in medical education may be characterized by the simple statement that the *demonstrative method* has gradually encroached upon, and in many respects superseded the purely didactic method. This tendency in the method of teaching the various branches of medical science is due, however, not to more enlightened views in regard to the mode of imparting knowledge alone, but has its true foundation in the fact that during this century the science of medicine itself has been largely divested of its formerly *dogmatic* and *theoretical* basis, and has been placed, approachingly at least, among the *positive* sciences.

With the positiveness which the science of physiology has attained through the aid of the microscope, the test-tube, and experimentation upon the living animal body,—which pathology has reached by these same means, to which diagnosis has been carried in the same manner, and which is every day rendering practical therapeutics more *rational* and less empiric, it is not to be wondered that teachers of medicine have made the discovery that the *DEMONSTRATION of the facts* of science is more apt to inculcate its principles and logical deductions than the mere *ex cathedra* statement of these facts. Hence, the great attention which all our leading schools are, and have been of late, directing to demonstrative teaching, not only in chemistry and anatomy, but also in physiology, pathological anatomy, and clinical medicine, are pretty sure proof that as a whole they appreciate the scientific tendency of the age, and are willing to do justice to its demands. From their an-

nouncements it appears, not only that the facilities for demonstrative teaching have been largely increased, but that new branches have been added to the curriculum of study, by subdividing those which formerly formed but one professional chair. Thus we have physiology now generally made a distinct branch; medical jurisprudence, in some of the schools, has, as it should be, been raised to the honor of a separate professorship; pathological anatomy is attempted to be made such; and ophthalmology, orthopedic surgery, etc., are beginning, as is not more than proper, to be placed in the same category. All this is perfectly right, the necessity arising from the general progress of science.

But these advances are to a great extent only imaginary, as far as the practical results of raising the standard of medical education are concerned, and for the very simple reason, because the *time of study* has not been extended in proportion commensurate with the addition of new material which science has furnished, and which the student must master before he can be considered qualified to practice the healing art. What possible benefit can accrue from the establishment of new professorships, from the appointment of dozens of adjuncts and assistant professors, from the most extended hospital and clinical facilities, when the session of teaching is no longer than it was before? It is a notorious and universally acknowledged fact, that the regular sessions in the schools are too short, and that the whole course of study, in the present state of medical science, is not sufficiently long by one or two years. There is to-day no difference really in the legal course of study from what it was thirty years ago. Some schools, it is true, have added a *few weeks* to their sessions, also courses on special subjects during summer and fall,—but these are extra advantages, which the student who is favorably situated may avail himself of or not, as he chooses, but which the large majority pass over as useless, and will pass over, until the law obliges them to do otherwise.

The legal requirements for the qualification to practise medicine as at present demanded are three years' study, during which time the candidate must have attended two full courses of lectures. We will limit our remarks to these collegiate courses. As they are at present conducted, it is impossible for a professor of any of the branches of medical science to go through his department with any degree of detail in the short period of five months; nor is it possible for the student to go through one of these regular courses, and to digest and assimilate the varied material

which from day to day is offered to his mind. He is expected to attend five to six lectures a day; expected to profit from lectures on surgery before he has mastered fully the elements of anatomy, and the intricate questions of general and special pathology are to be solved to him before he has become familiar with the laws and facts of physiology. And besides this, he is expected to be present daily at clinics and hospital lectures. To use a forcible illustration,—the medical student of America is in the position of a traveller who stops a few minutes at a railway hotel for dinner, where, indeed, a great variety of choice and well-cooked dishes are placed before him, but following each other in such rapid succession that he has no time to partake freely of any, and must be satisfied with the mere taste of most; or if he is determined to get the worth of his money, he does it at the imminent risk of dyspepsia, or something worse. Surely any increased bill of fare offered to the medical student at the feasts of collegiate learning, *should be accompanied by a reasonable extension of time* to profit from its advantages.

It is a remarkable fact, that in regard to the point under discussion, the *American medical student* has for a number of years been taking the initiative of reform and progress. A very large proportion of students are at present attending three or four courses, which gives them an opportunity to more systematic study, and to avoid the evils of overcrowding the mind. In some of the colleges, this proportion, we believe, forms a majority. *Now, if the student, who is most interested in this matter, has for years felt the necessity of reform, and has acted accordingly, we think it is time the colleges should begin to act too.* An extension of the period of study is demanded, and above all, an *extension of the lecture-term*. In what way this might best be accomplished, we will discuss in a future article.

#### DR. EDWARD WARREN.

In the notice by the committee on Prize Essays of the American Medical Association, published in recent Nos. of the *REPORTER*, the name of Dr. EDWARD WARREN was inadvertently printed WARNER. In making the correction we take occasion to say that Dr. WARREN has for many years occupied a prominent position before the profession. Before the war he was a resident of North Carolina, and editor of the "*North Carolina Medical Journal*," and was a successful competitor for the Fiske Fund Prize of the Rhode Island Medical Society. He was also a Professor in the University of Maryland. During the war he was successively Medi-

cal Director of the Medical Department of North Carolina, Medical Inspector of the Army of Northern Virginia, and Surgeon-General of the State of North Carolina. At the meeting of the American Medical Association in Baltimore last spring, his name was proposed as a Vice-President of that body, but for reasons which were appreciated by the Association, he declined.

Dr. WARREN has settled in Baltimore, and will, without doubt, speedily attain the prominence which his education and talents entitle him to.

#### PROGRESS OF THE CHOLERA.

Since our last report, cholera has been rather suddenly advancing in New York. During the week ending Saturday, Aug. 4th, there were 239 deaths from this disease. By far the largest number of these occurred in those public institutions in which the epidemic has become localized. Thus, 69 cases occurred at the Ward's Island Emigrant Hospital, 11 at Randall's Island, 17 in the Almshouse, 64 in the Workhouse, 7 in the Lunatic Asylum, etc., a total of 187 in the public institutions. In these institutions, the disease has probably reached its climax, and we may expect to hear of a diminution in the number of new cases. The fall in the temperature, and the cool winds which prevailed during the latter part of last week will, no doubt, contribute considerably to assist the efforts of the Board of Health, which body is doing all in their power to remove causes of insalubrity, and to destroy any local conditions favoring the spread of the disease.

On the whole, cholera cannot be considered as very severely epidemic in New York.

Dr. HARRIS writes, under date of 9th:

"Cholera is not generally prevalent throughout the city, but is limited, as an epidemic, to particular localities. The commercial streets are scarcely touched by the malady. Hotels and all respectable quarters of the city yet remain free from it. The epidemic has already disappeared from several of its centres. The deaths are rapidly diminishing, being but 9 the last twenty-four hours, and but 13 the preceding day, including all the hospitals; while, by prompt sanitary measures, the infection has almost ceased its operation in all the county institutions beyond the city, as the following returns show: Ward's Island (last 24 hours)—Admissions, none; died, 2; remaining, 18. Blackwell's Island Workhouse—Admissions, none. Randall's Island—Admissions, none.

In BROOKLYN, the disease is reported as somewhat diminishing outside of the public institutions. But in the penitentiary and the jail, it has raged with fearful violence and fatality. During Friday night, (Aug. 3d,) 38 new cases

occurred in the former institution, and nearly an equal number on the following day. On Saturday night, (Aug. 4th,) there were *ten* deaths.

CINCINNATI has been quite severely visited. The total number of deaths from cholera, reported from Aug. 1st to Aug. 8th, inclusive, is 139, the highest numbers having been on the 6th, 7th, and 8th of August, respectively, 29, 31, 27.

From ST. LOUIS we learn that some 20 cases were reported to the Board of Health, from Saturday, Aug. 4th, until the 6th, and that several deaths occurred. The general sanitary condition of the city, however, is reported as unusually good.

In NEW ORLEANS, 29 cases of death from cholera are reported during the week ending Aug. 4th, the disease increasing, and prevailing principally among the negroes. On the 8th, there were 18 deaths from the disease.

A fatal case of cholera was reported at PROVIDENCE, R. I., Aug. 6th.

From GREAT BRITAIN we also have news that the disease is on the increase. The *Medical Press and Circular*, of July 18th, writes: "Last Thursday, a child was admitted to the Liverpool Workhouse, suffering from cholera, and died in a few hours. On Friday night, four children and a nurse were seized with Asiatic cholera; in three hours, one of the children was dead. On Saturday morning, the nurse died, and the three remaining children were reported to be dying." On July 21st, the *British Medical Journal* reports 13 deaths as having already occurred at the LIVERPOOL Workhouse, with 9 patients remaining, two of whom were expected to die. Later dates show a very violent explosion of cholera to have taken place in that city.

FRANCE. Although decreasing at Amiens, in other French towns the disease is reported as on the increase.

The *London Times* of the 28th ult., has the following concerning the epidemic in Paris, evidently written by a correspondent in that city:

"The Minister of the Interior persists in keeping from the knowledge of the Parisian population the sanitary condition of their city. The object is, no doubt, to prevent alarm, but the object is defeated, simply because when secrecy is so observed, there is always exaggeration, for it is impossible to conceal the fact of the presence of cholera. It would appear that the first few cases occurred about five weeks ago. The number of deaths increased, after some variation, to 140 in one day, and this about 12 days ago.

"Since the fall of the temperature, after the great thunderstorm of Monday week, I believe the cases, or at least the deaths, declined a little.

On Monday last, July 22, I am assured that the deaths were 100, and on Tuesday they fell to 80. What the number was on Wednesday, I have not accurately ascertained, but I have heard them stated by some at 70, by others at 60."

The same correspondent says that cholera seems to be decidedly on the decline in Marseilles. The mortality among children is extraordinary; of 47 deaths in one day, these counted for 21.

HAVRE has so far remained free from the disease, but at ROUEN there are about 10 cases and 6 deaths per diem.

GERMANY, etc. In Berlin 76 cases, of which 50 were fatal, occurred on the 30th June. In Southern Russia, the disease is making progress, and has broken out in St. Petersburg.

## Notes and Comments.

### A new Work on Cholera.

D. A. MORSE, M. D., of Alliance, Ohio (late of the U. S. service), has in press, in Cincinnati, a new work on cholera. Dr. Morse maintains the position that cholera is a contagious disease—propagated by contagion—and does not appear at a place until carried there. He recites minutely the history and progress of the disease, from the earliest times down to the date of publication, believing that its history exhibits the history of contagious diseases; and asserts that before twenty years, the profession will believe it to be as capable of propagation by contagion as small-pox. The history will be principally based upon official reports, from the first "Bengal Report," 1820, down to those of the present year, made for the information of the government to which each reporter belongs, and Reports of Health Officers, etc.

He believes the disease to originate from the presence of a poison in the system, which multiplies itself there, finding a proper material to work or feed upon. He thinks that we must remain as ignorant of the true cause of the disease as we are of the poison which generates small-pox, measles, and other contagious diseases; and that our treatment cannot be based upon a knowledge of the cause, more than in fevers, but must be directed according to the indications made by the symptoms, pathological appearances, and other analogous operations within the system, produced by poisonous agents. He thinks also that the spread of the disease has been prevented in many instances by quarantine, and insists upon the exclusion of patients affected from con-



tact with their friends. We trust this work will be read with satisfaction, especially as all our authors upon practice regard the disease as not contagious, as do also the greater number of our monograph writers. The work will be ready in about four weeks.

#### Philadelphia Dental College.

We have received the Fourth Annual Announcement of the Philadelphia Dental College. This institution is determined to achieve, and certainly deserves success. The Winter Session begins on the 1st of November. Dr. JAMES E. GARRETSON is Lecturer on Clinical Surgery, and will give lectures and demonstrations on all the surgical diseases of the body, with the various operations demanded for their cure, with a view to the proper preparation of the student for the practice of the specialty of Oral Surgery. An Oral Surgical Clinic will be held weekly, at which all special diseases will be treated, and the necessary operations performed before the class.

This course, although especially designed by the faculty as a means of thorough surgical instruction for that portion of the students of the school who propose to take on themselves the treatment of general oral diseases, and free to such, is yet, because of being a general course, as taught in any Medical College or University, open to all students of surgery, upon payment of the usual fee of \$15.00.

#### Harvard University.

An important change has been made in the government of this Institution. By the action of the Legislature, it has been allowed to sever its connection with the State. The old State Board has been superseded by Overseers elected by the Alumni. The *Boston Med. and Surg. Journal* thinks that the cause of education will be greatly promoted by this movement, and that hereafter the professional departments will be more under the control of the profession. It says: "It (the literary department) should no longer be allowed to control appointments in other departments, nor should the corporation be permitted to negative plans which have received the unanimous approval of any faculty, and the whole profession it represents."

#### "The Perils of Hospital Practice."

The *Medical Press and Circular* says: "The various journals have leaders on the subject of the trial in the Court of the Queen's Bench, in which the Pole, PERINOWSKI was plaintiff, and Surgeons HOLMES and FREEMAN, of St. George's Hospital, were defendants. The plaintiff, while

in hospital, had been scalded by the negligence of the nurses of the hospital, and the suit should have been instituted against the hospital authorities, instead of the surgeons. The whole case is very trivial, and one evidently got up for obtaining money, in which, however, the expectations were not realized, as the jury, although admitting that the plaintiff had been injured, yet found for the defendants. This accident has opened up the question debated some time ago in the board-room of this very institution, as to the advisability of placing the patients under the care of a religious sisterhood, which would take the whole responsibility of the nursing."

#### Syphilitic Affections.

Dr. JAMES E. GARRETSON, of this city, informs us that he is using—with what seems to him almost a specific effect—in the treatment of all syphilitic affections, a combination of the syrup of the pyro-phosphate of iron, the iodide of potassium, and bi-chloride of mercury. The formula is as follows:

R. Hydrarg. chlor. corrosiv. gr. ij.  
Potass. iodid., ʒiij.  
Syrup. ferri pyrophos., f.ʒiij. M.

S. A teaspoonful after each meal.

It is sometimes offensive to the stomach, some persons rejecting it immediately, though familiarity will soon reconcile that organ to it.

#### "Opinion."

This is the title of a new candidate for public favor, issued from Trenton, N. J., by BROOKE & VANNOTE. It is a weekly "Journal of Home and Foreign Literature." It will contain original essays, poems, and tales, besides choice selections from American and Foreign magazines, literary intelligence and reviews. Weekly, \$3 a year—eight cents a number. The *REPORTER* and "Opinion" together, \$7.00.

#### Books, etc., Received.

*Bartholow on Spermatorrhœa.* From W. Wood & Co., New York.

*Dixon on Diseases of the Eye;* also Visiting List and Book of Engagements for 1867. From Lindsay & Blakiston.

*Cuvierian Classification of Animated Nature,* and other addresses, by J. H. McQUILLEN, M. D., D. D. S. From the Author.

*Report on the Removal of Swill and House Offal,* and other subjects, to the Board of Health of Providence, R. I., by E. M. SNOW, M. D., Superintendent of Health. From the Author.

*Valedictory Address* to the graduating class of the New Orleans School of Medicine. By J. L. CRAWCOUR, M. D. From the Author.

### State Medical Society of Michigan.

A Medical Society of the State of Michigan was definitely organized on June 5th, at Detroit. The following officers were elected.

*President*—Dr. C. M. STOCKWELL, Port Huron.  
*Vice-Presidents*—Drs. A. PLATT, Grand Rapids; J. H. JEROME, Saginaw City; J. H. BEACH, Coldwater; — BONINE, Jackson.

*Treasurer*—Dr. HENRY F. LYSER, Detroit.  
*Recording Secretary*—Dr. GEORGE E. RANNEY, Lansing.

*Corresponding Secretary*—Dr. G. P. ANDREWS, Detroit.

A number of scientific committees were appointed; also delegates to the American Medical Association.

## Correspondence.

### DOMESTIC.

**Medical Properties of Santonin. What are they?**  
 EDITOR MEDICAL AND SURGICAL REPORTER:

One of the authors of the U. S. Dispensatory, in the last edition, very properly remarks, that "the effects of santonin do not appear to have been very precisely determined." It is very briefly noticed by STILLÉ in 1st Ed. Therapeutics. Of its anthelmintic properties there can be but one opinion, for it is THE vermifuge of the materia medica, possessing nearly, if not all the properties of a perfect medicinal agent. In its colorless, glossy, and beautiful crystal, inodorous, and almost tasteless, we have every desirable quality, physically, of a medicine. When to these are added its safety and efficiency as a vermifuge, it must be conceded to be a faultless medicine. And yet its medicinal properties are but imperfectly made out. What are they? Are they nerve-stimulant or sedative? Are they alterative? cerebro-spinal stimulant? purgative? diuretic? or carminative? Are they either singly or several collectively? What are its effects? These are interesting questions, but no present answer can be given. That it possesses other than simply anthelmintic properties is certainly true. The writer can only supply two facts toward a solution of these interesting interrogatories. One of these is, that the dose as given by STILLÉ is too large; and whoever gives it in such quantities will be very apt to obtain some effects neither desirable or necessary as a vermifuge, and principally on the nervous system. The maximum dose, as given by the U. S. Dispensatory, is unnecessarily large for vermifuge purposes in children.

The other fact is its modifying influence over

cathartics. To any formula for a cathartic or laxative pill, add from a tenth to a twentieth of the weight of the mass of santonin, and their action will be materially modified. The pills will acquire much greater activity, modifying any tendency to griping, thus displaying two qualities, purgative and carminative.

'Who can or will add to the common stock of knowledge in regard to this interesting yet mysterious agent? In this way its action can be more definitely "made out."

Z. C. McELROY, M. D.

Zanesville, Ohio, August 10th, 1866.

## News and Miscellany.

### United States Military Asylum.

Soldiers disabled by wounds or disease, who have been honorably discharged from the volunteer service of the United States, and who desire a home in the National Asylum, are requested to make application previous to September 1, with a statement of the circumstances of their enlistment, services, disability, and discharge, to Major-General EDWARD W. HINKS, Governor of the United States Military Asylum, whose office is temporarily in Boston, Mass. And persons having knowledge of meritorious disabled soldiers being supported in any almshouse or other institution, as public paupers, are requested to give information of the fact to the Governor of the Asylum, in order that immediate measures may be adopted for the removal and relief of such indigent disabled soldiers. No asylum has yet been located, but immediate steps will be taken to secure relief and assistance for proper subjects.

### Poisoning.

From the Coroner's reports during the period from August, 1858, to December, 1861, the *Medical Reporter* of St. Louis, gives the following cases of poisoning in that city:

|                           |    |
|---------------------------|----|
| Whole number of cases,    | 45 |
| By arsenic,               | 10 |
| Arsenic and chloroform,   | 1  |
| Opium in some form,       | 21 |
| Prussic acid,             | 1  |
| Cyanide of potassium,     | 1  |
| Strychnine,               | 5  |
| Sulphate of zinc,         | 1  |
| Alcohol and red pepper,   | 1  |
| Oxalic acid,              | 1  |
| Oil of cedar,             | 1  |
| Chloride of potassium,    | 1  |
| Inhalation of chloroform, | 1  |

The editors of the *Reporter* say: "The only remark we shall make in connection with the above is, the sad condition of things which shall permit any man, for a penny, to obtain the means of destruction. The sole remedy is the moral sentiment of the body of apothecaries, who will refuse every application for such virulent agents of the materia medica, unless accompanied by

the prescription of a physician. There cannot be too great an abundance of caution."

#### Syrup of Pepsin with Bitter Orange Peel.

Take the aqueous infusion or soluble portion of fifty veal rennets, and evaporate in vacuo until the residual liquid weighs 74 troy ounces. To this add of lactic acid 170 grains, spirit of oranges three ounces, hydro-alcoholic extract of Curacao (bitter orange peel) three ounces and a quarter; filter through paper, and then dissolve in the liquid 144 troy ounces of sugar. Strain through muslin, and bottle.

An ounce of this syrup contains 2½ grains of acidified pepsin, that is to say, as much as three doses of fifteen grains each of the amylaceous pepsin of BOUDAULT and CORVISART. Finally, it has an advantage over the powder, of retaining during many months, or even years, its fermentable properties.—*Jour. de Chimie Médicale et de Rep. de Pharm.*

#### Artificial Limbs.

The Secretary of War has been authorized and directed to furnish to discharged soldiers of the U. S. who have been disabled in the service, as well as to those not yet discharged, transportation to and from their homes and the place where they may be required to go to obtain artificial limbs for them, under authority of law.

— According to the *Wiener Mediz. Wochenschrift*, a strange epidemic recently occurred in one of the suburbs of Vienna, the main symptoms being swollen, sore, and painful faces—attacking only the male sex. The disease was traced by physicians to the use of a shaving paste which had been highly recommended, as a "clean shave," by a barber. This paste rendered the use of a razor unnecessary. It consisted mainly of arsenic. The paste was confiscated, and the barber subjected to legal penalties.

— In ascending into the air, the heart-beats increase 5 for the first 3000 feet, 7 more for the next 1500 feet, and 5 for each 1500 feet of ascent after that. This is nearly an average increase of one beat for each 100 yards of ascent.

— A foreign correspondent of one of our newspapers says, "I notice that Dr. EDWARD CLARKE, of Philadelphia, has just received his diploma as a member of the Royal College of Surgeons." 'Oo's 'e?

— Surgeon JAMES F. BURDETT has died of cholera on Tybee Island, Ga.

— We learn, by the Atlantic telegraph, that the deaths by cholera in London, during the week ending August 4, were 1,053, and from diarrhoea, 354.

— CRYSTALLIZATION OF UREA on the Surface of the Skin. Dr. HIRSCHSPRUNG states, that in some acute renal affections, and a short time before death, an exundation and crystallization of urea takes place on the head, neck, and thorax.

— THE INTERNATIONAL OPHTHALMOLOGICAL CONGRESS, which was to have been held at Vienna this month, has been indefinitely postponed on account of the war.

— UNIVERSITY OF ATHENS. There were, during the last session, two hundred and fifteen medical students in the University of Athens.

— DR. JAMES P. WHITE writes to the *Buffalo Medical Journal*, from Rome, Italy: "It ought to be stated, for the benefit of all Americans who may chance to require medical services in Rome, that Dr. JAMES B. GOULD, who served fifteen years as surgeon in the United States Navy, now resides there."

— Dr. S. E. STONE, of Massachusetts, is recovering from an immense psoas or abdominal abscess, which was thought would prove fatal.

— CHARLES F. CHANDLER, of the Columbia College School of Mines, has been appointed to the Chair of Chemistry in the New York College of Pharmacy.

— MR. QUAIN has resigned the Surgency of of University College Hospital, and also the Professorship of Clinical Surgery at University College.

## Army and Navy News.

### ARMY.

HDQRS. OF THE ARMY, ADJUTANT-GENERAL'S OFFICE, Washington, August 7, 1866.

Special Orders, No. 368.—[Extract.]—III. A Board of officers, to consist of Brevet Col. J. B. Brown, Surgeon, United States Army; Brevet Lieut.-Col. H. R. Wirtz, Surgeon, United States Army; Brevet Lieut.-Col. Anthony Heger, Surgeon, United States Army; Brevet Major Warren Webster, Assistant-Surgeon, United States Army, Recorder; will assemble at New York city, on the 20th of September, 1866, or as soon thereafter as practicable, for the examination of Assistant-Surgeons for promotion, and of applicants for admission into the Medical Staff of the United States Army.

Brevet Major Joseph P. Wright, Assistant-Surgeon, U. S. A., is hereby relieved from duty in the Department of the Cumberland, and will proceed without delay to Fort Independence, Boston Harbor, Mass., and relieve Brevet Captain Edward Cowles, Assistant Surgeon, U. S. A. When relieved, he will report to the Commanding General, and to the Medical Director, Department of Louisiana, for assignment to duty.

VI.—Assistant-Surgeon W. S. Tremaine, United States Army, will report to the Commanding General, and to the Medical Director, Department of Cumberland, to replace Brevet Major Jos. P. Wright, Assistant Surgeon, U. S. Army, relieved.

VII.—Surgeon George Taylor, United States Army, is hereby relieved from duty in the Department of Ohio, and will report, without delay, to the Commanding General, Department of Texas, to relieve Brevet Lieut.-Col. P. Vollum, Surgeon, United States Army, as Medical Director of that Department. Brevet Lieut.-Colonel Vollum, when relieved, will report in person to the Medical Director, Department of the East, for assignment to duty.

By command of General Grant.

E. D. TOWNSEND, Assistant Adjutant-General.

RELIEVED.—Brevet Major H. E. Brown, Assistant Surgeon, United States Army, from duty in Department of East, and ordered to report to Medical Director, Department of Louisiana, for duty in that Department. Assistant-Surgeon H. R. Silliman, United States Army, from duty in Middle Department, and

to duty in Department of the South. Brevet Capt. E. J. Darken, Assistant-Surgeon, United States Army, from duty in Department of Arkansas, and ordered to report to Medical Director, Department of the East, for temporary duty.

### NAVY.

List of changes, etc., in the Medical Corps of the U. S. Navy, for the week ending August 11th, 1866.

Surgeon L. J. Williams, orders to Navy Yard, Philadelphia, extended to September 1, 1866, on account of sickness.

Surgeon E. R. Denby, ordered to temporary duty at Naval Rendezvous, New York.

Surgeon A. W. H. Hawkins, resignation accepted. Past Ass't-Surgeon N. H. Adams, detached from Navy Yard, Washington, and ordered to U. S. Ship "Pensacola."

Ass't-Surgeon J. M. Flint, ordered to U. S. Ship "Pensacola."

Ass't-Surgeon Wm H. Jones, detailed for duty at Navy Yard, Washington.

Acting Past Ass't-Surgeon T. K. Chandler, detailed for duty at Navy Yard, Washington.

Acting Past Ass't-Surgeon Henry Shaw, detached from the U. S. Ship "Kearsage," and placed on "waiting orders."

### MARRIED.

BOGUE—INGALLS.—In Buffalo, July 25, by Rev. H. P. Bogue, Dr. E. A. Bogue, of New York city, and Miss Amelia L. Ingalls, daughter of the late Rev. L. Ingalls, of Burmah, India.

HITCHCOCK—CLARK.—In Brattleboro', Vt. 26th ult., by Rev. George P. Tyler, D. D., Hon. Alfred Hitchcock, M. D., of Fitchburg, Mass., and Ella M., youngest daughter of the late Rufus Clark.

MILLER—WILSON.—In Philadelphia, on the 2d inst., by Rev. W. M. Rice, D. D., Mr. John C. Miller and Miss Sallie E. Wilson, daughter of Dr. R. S. Wilson, all of Fox Chase, Philadelphia.

USTICK—WALDO.—Tuesday morning, August 7th, at the residence of the bride's father, on East Walnut Hills, by Rev. Edward Cooper, of Bloomingburg, Ohio, George M. Ustick, Esq., of Washington, C. H., Ohio, and Miss Arabella L., only daughter of F. A. Waldo, M. D.

WATSON—WALTER.—On the 8th inst., by Rev. James Shrigley, Dr. William John Watson and Miss Florence G. Walter, both of this city.

### DIED.

BROWER.—August 1, 1866, at his residence in Lawrenceburg, Ind., Dr. Jeremiah H. Brower, in the 69th year of his age.

GRAY.—In Brooklyn, Ky., near Newport, on the morning of the 1st inst., of consumption, after a long illness, Mrs. Amanda C. Gray, aged 25 years, wife of Dr. Richard Gray, and only daughter of R. P. H. and Elizabeth Arthur, of Newport.

CLARKE.—In Whitinville, Mass., 23d ult., William Sheldon, only son of Dr. R. R. Clarke, late surgeon of the 34th regiment, M. V., aged 2 years.

WEBB.—August 2, suddenly, of heart disease, Dr. Thomas H. Webb, aged 65.

### METEOROLOGY.

| July,           | 30,    | 31,    | A. 1,  | 2,     | 3,     | 4,     | 5.     |
|-----------------|--------|--------|--------|--------|--------|--------|--------|
| Wind.....       | S. W.  | S. E.  | S. W.  | W.     | S. W.  | S. W.  | N. W.  |
| Weather.....    | Clear. | Clear. | Clear. | Clear. | Clear. | Clear. | Clear. |
| Shw'r.....      |        |        |        |        |        |        |        |
| T. & L.         |        |        |        |        |        |        |        |
| Depth Rain..... | 4-10   |        | 1-10   |        |        |        |        |
| Thermometer.    |        |        |        |        |        |        |        |
| Minimum.....    | 66°    | 62°    | 60°    | 68°    | 60°    | 65°    | 55°    |
| At 8 A. M.....  | 77     | 72     | 74     | 79     | 71     | 70     | 68     |
| At 12 M.....    | 82     | 81     | 82     | 84     | 73     | 79     | 76     |
| At 3 P. M.....  | 80     | 82     | 83     | 84     | 80     | 78     | 77     |
| Mean.....       | 76.25  | 74.25  | 74.75  | 78.75  | 72.25  | 73.    | 69.    |
| Barometer.      |        |        |        |        |        |        |        |
| At 12 M.....    | 29.9   | 30.    | 30.    | 29.9   | 30.1   | 30.    | 30.    |

Germanstown, Pa.

B. J. LEEDOM.

## SUMMER SCHOOL OF MEDICINE.

No. 920 Chestnut Street, Philadelphia.

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EDWARD A. SMITH, M. D., D. MURRAY CHESTON, M. D., HORACE WILLIAMS, M. D.

The Summer School of Medicine will begin its second term on March 1st, 1866, and students may enjoy its privileges without cessation until October.

The regular Course of *Examinations and Lectures* will be given during April, May, June, and September, upon

ANATOMY,  
SURGERY,  
CHEMISTRY,  
PHYSIOLOGY,  
OBSTETRICS,  
MATERIA MEDICA,  
PRACTICE OF MEDICINE.

The subjects will be studied by the aid of Specimens, Manikins, Demonstrations, and Clinical Examinations of Patients.

Students will be given access to the Pennsylvania, Episcopal, and Children's Hospitals. The employment of the Microscope, and the microscopic appearance of the tissues and fluids in health and disease, with the chemical tests and reactions, will also be taught.

FEE, \$50.

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A Course of Lectures on SURGICAL DIAGNOSIS will be delivered by Dr. H. LENOX HODGE, during April, May, June, and September, at the Summer School of Medicine, No. 920 Chestnut Street, Philadelphia.

The history, causes, symptoms, and pathology of Surgical Diseases and Injuries will be carefully studied, and the means of recognizing and treating such disorders distinctly taught.

Instruction will be given in the use of the Microscope, Ophthalmoscope, Oscope, Laryngoscope, Endoscope, and other specula; in Percussion and Auscultation, and other means now employed for physical examination.

FEE, \$10.

OFFICE STUDENTS will be received at any period of the year; they will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, in Practical Anatomy, in Percussion and Auscultation, and in Practical Obstetrics. They will be enabled to examine persons with diseases of the Heart and Lungs, and to attend women in confinement. The class rooms, with the cabinet of Materia Medica, Bones, Bandages, Manikins, Illustrations, Text books, etc., will be constantly open for study.

The Winter Course of Examinations will begin with the Lectures at the University of Pennsylvania in October, and will continue till the close of the session.

Fee for Office Students (one year), \$100.

Fee for one Course of Examinations, \$30.

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